

12/06/01

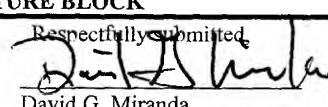
J1048 U.S. PTO

12-19-01

A

Express Mail Mailing Label No. EL902309094US

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	SRI-014
	First Named Inventor	Patton
	Title	METHOD AND APPARATUS FOR USING STRATEGICALLY LOCATED REFLECTORS TO CREATE PATHWAYS FOR NETWORKING OF LINE-OF-SIGHT COMPUTING DEVICES

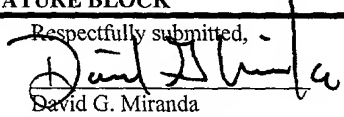
APPLICATION ELEMENTS	ADDRESS TO: Box Patent Application Commissioner for Patents Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form	<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Small Entity Status <input checked="" type="checkbox"/> Applicant claims small entity status <input type="checkbox"/> Status established in prior application and is still proper and desired	
3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 48] - Written Description - (27 pages) - Claims - (5 pages) - Abstract - (1 page) - Sheets of Drawings - (15 sheets) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal	
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]	
5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied Under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
6. <input checked="" type="checkbox"/> Application Data Sheet	9. <input type="checkbox"/> English Translation Document (if applicable)
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
17. <input type="checkbox"/> If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence: --This is a <input type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. / , filed on , , the entire disclosure of which is incorporated by reference herein.-- <b>Priority to the above application(s) is claimed under 35 U.S.C. 120.</b> Prior application information: Examiner: . Group/Art Unit: .	11. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets ]
18. <input checked="" type="checkbox"/> Priority - 35 U.S.C. 119 <input checked="" type="checkbox"/> Priority of application Serial No. 60/291,200 filed on May 15, 2001 in the U.S. Patent and Trademark Office is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. / on . <input type="checkbox"/> The certified copy will follow.	12. <input checked="" type="checkbox"/> Return Receipt Postcard (specifically itemized)
<b>CORRESPONDENCE ADDRESS</b> Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323	13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority claimed) 14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b) 15. <input type="checkbox"/> CD in duplicate for large table or computer program 16. <input type="checkbox"/> Other:  <b>SIGNATURE BLOCK</b> Respectfully submitted,  Date: December 6, 2001 Reg. No. 42,898 Tel. No.: (617) 248-7954 Fax No.: (617) 248-7100 David G. Miranda Agent for the Applicant Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110

2235753-1

# FEE TRANSMITTAL

## FY 2002

Complete if Known	
Application Serial Number	Net Yet Assigned
Filing Date	Filed Herewith
First Named Inventor	Charles Patton
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	SRI-014

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>400</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>920</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1440</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1960</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>740</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>740</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		400	200	Extension for reply within second month		920	460	Extension for reply within third month		1440	720	Extension for reply within fourth month		1960	980	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		740	370	Filing a submission after final rejection (37 CFR 1.129(a))		740	370	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		Other fee (Specify)				Other fee (Specify)					
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																
130	65	Surcharge - late filing fee or oath																																																																																	
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																	
130	130	Non-English specification																																																																																	
2,520	2,520	Request for ex parte reexamination																																																																																	
110	55	Extension for reply within first month																																																																																	
400	200	Extension for reply within second month																																																																																	
920	460	Extension for reply within third month																																																																																	
1440	720	Extension for reply within fourth month																																																																																	
1960	980	Extension for reply within fifth month																																																																																	
320	160	Notice of Appeal																																																																																	
320	160	Filing a brief in support of an appeal																																																																																	
280	140	Request for oral hearing																																																																																	
130	130	Petitions to the Commissioner																																																																																	
180	180	Submission of Information Disclosure Statement																																																																																	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																	
740	370	For each additional invention to be examined (37 CFR 1.129(b))																																																																																	
100	100	Certificate of Correction for applicant's error																																																																																	
Other fee (Specify)																																																																																			
Other fee (Specify)																																																																																			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																																																																			
3. <input checked="" type="checkbox"/> Applicant claims small entity status.																																																																																			
<b>FEE CALCULATION</b> 1. FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr> </thead> <tbody> <tr><td>740</td><td>Utility filing fee</td><td>740.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>Total Claims</td><td>36</td><td>- 20 = 16</td><td>x \$ 18.00 =</td><td>288.00</td></tr> <tr> <td>Independent Claims</td><td>3</td><td>- 3 = 0</td><td>x \$ 84.00 =</td><td>0.00</td></tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$280.00 =</td></tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td><td>1028.00</td></tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td><td>514.00</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td><td>(\$ 514.00)</td></tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr> <tr> <td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td></tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$280.00 =</td></tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td><td>(\$)</td></tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td><td>(\$)</td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td><td>(\$ 0.00)</td></tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	740	Utility filing fee	740.00	330	Design filing fee		160	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims	36	- 20 = 16	x \$ 18.00 =	288.00	Independent Claims	3	- 3 = 0	x \$ 84.00 =	0.00	<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$280.00 =	TOTAL:				1028.00	SMALL ENTITY DISCOUNT:				514.00	SUBTOTAL (1)				(\$ 514.00)	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$280.00 =	TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$ 0.00)	SUBTOTAL (3) (\$ 0.00)  SUBTOTAL (1) 514.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 0.00  <b>TOTAL (\$ 514.00)</b>
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																	
740	Utility filing fee	740.00																																																																																	
330	Design filing fee																																																																																		
160	Provisional filing fee																																																																																		
	Number Filed	Number Extra	Rate	Amount																																																																															
Total Claims	36	- 20 = 16	x \$ 18.00 =	288.00																																																																															
Independent Claims	3	- 3 = 0	x \$ 84.00 =	0.00																																																																															
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$280.00 =																																																																															
TOTAL:				1028.00																																																																															
SMALL ENTITY DISCOUNT:				514.00																																																																															
SUBTOTAL (1)				(\$ 514.00)																																																																															
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																															
Total	-	=	x \$ 18.00 =																																																																																
Indep.	-	=	x \$ 84.00 =																																																																																
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$280.00 =																																																																															
TOTAL:				(\$)																																																																															
SMALL ENTITY DISCOUNT:				(\$)																																																																															
SUBTOTAL (2)				(\$ 0.00)																																																																															
<b>CORRESPONDENCE ADDRESS</b> Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	<b>SIGNATURE BLOCK</b> Date: December 6, 2001 Reg. No.: 42,898 Tel. No.: (617) 248-7954 Fax No.: (617) 248-7100 Respectfully submitted,  David G. Miranda Agent for the Applicant Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																		